UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 7 2012

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

House Report 112-110, page 262, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012, requested the Assistant Secretary of Defense (Health Affairs) provide a report detailing the steps DoD is taking to provide health care services to our National Guard (NG) and Reserve Components (RC), and what can be done to improve the access to health care in remote areas of the country. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness, and I have been asked to respond. An interim report was provided dated March 29, 2012. The enclosed report is our final product.

This report discusses the various health plans and programs available to qualified and eligible Guardsmen and Reservists throughout their various stages of service. Further, it describes efforts made by TRICARE Management Activity to improve beneficiary access to quality and timely care within locations geographically separated from Military Treatment Facilities. Lastly, DoD actions are listed that help inform NG and RC members and their families about Military Health System services and how to access them.

A similar letter has been sent to the Chairman of the other congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 7 2012

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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The Honorable Lindsey Graham
Ranking Member

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PERSONNEL AND
READINESS

JUN 7 2012

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Adam Smith
Ranking Member

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PERSONNEL AND
READINESS

JUN 7 2012

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Susan A. Davis
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 7 2012

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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The Honorable Thad Cochran
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
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PERSONNEL AND
READINESS

7 2012

The Honorable Daniel K. Inouye
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Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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PERSONNEL AND
READINESS

OCT 7 2012

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Acting

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As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUN 7 2012

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Norman D. Dicks
Ranking Member

Report to Congress

DoD Provision of Health Care Services to the Reserve Components

House Report 112-110, accompanying H.R. 2219,
the Department of Defense Appropriations Bill, 2012

Preparation of this report/study cost the Department of Defense a total of approximately $2,540 in Fiscal Year 2012.

Generated on 2012May30
Ref ID: 9-8D22513

Report to Congress

DoD Provision of Health Care Services to the Reserve Components

Introduction

House Report 112-110, page 262, accompanying H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012, requested the Assistant Secretary of Defense (Health Affairs) to provide a report detailing the steps the DoD is taking to provide health care services to our Reserve Components (RC) and what can be done to improve the access to healthcare in remote areas of the country.

Executive Summary

This report discusses various health care plans and programs available to RC members and their families during the life cycles of their service. It further highlights measures in place that support this population's ability to obtain care in areas remote from military treatment facilities (MTFs).

Background

The Department of Defense offers a continuum of medical and dental coverage to RC members and their families. The Reserve Components consist of the Air Force Reserve, the Air National Guard, the Army National Guard, the Army Reserve, the Coast Guard Reserve, the Marine Corps Reserve, and the Navy Reserve. All Reserve and Guard manpower is assigned to one of three Reserve Component categories – the Ready Reserve, the Standby Reserve and the Retired Reserve. The Ready Reserve category consists of three RC subcategories – the Selected Reserve, the Individual Ready Reserve (IRR), and the Inactive National Guard (ING).

Health Plans and Programs

A member may qualify to purchase and maintain TRICARE Reserve Select (TRS) coverage for themselves and their eligible family members if he or she is (a) a member of the Selected Reserve and (b) not eligible for (or enrolled in) the Federal Employees Health Benefits (FEHB) program. (Members of the IRR and ING do not qualify to purchase coverage except for the very few IRR members who have volunteered to be ordered to active duty pursuant to the provisions of 10 U.S.C. 12304 and 10144(b) and thus are eligible for benefits (other than pay and training) as are normally available to Selected Reserve members, which would include TRS.) TRS is a premium-based health plan that delivers TRICARE Standard and TRICARE Extra coverage (law does not include TRICARE Prime). Both TRS members and their covered family members pay the same TRICARE Standard/Extra cost shares and deductibles as active duty family members. They may access care at MTFs on a space-available basis; as well as from any TRICARE-authorized provider, hospital or pharmacy, whether in the TRICARE network or not.

Members of the Ready Reserve (whether Selected Reserve IRR, or ING) may purchase premium-based dental coverage under the TRICARE Dental Program (TDP) for themselves and separately for their family members. Covered members and family members may access care from any TRICARE network dentist or from any other licensed, authorized dentist.

RC members who have been issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation may begin premium-free TRICARE medical coverage up to 180 days before the member is activated (early eligibility). During the early eligibility period, members receive the same coverage as active duty service members, and their families receive the same coverage as active duty family members. Active duty dental coverage also begins at the same time active duty medical coverage begins; the RC member's coverage in TDP will terminate if previously purchased, and lower premiums will go into effect for family members.

Upon reporting to active duty for more than 30 days, RC members receive the same coverage as any other active duty service member, and their families receive the same coverage as active duty family members.

Upon separating from active duty, having served more than 30 days in support of a contingency operation, RC members and their eligible family members receive premium-free TRICARE medical coverage for 180 days under the Transition Assistance Management Program (TAMP).

Qualified Selected Reserve members (as discussed above) may purchase TRS coverage, to start at the end of active duty coverage or at the end of TAMP coverage, whichever is later.

Upon transferring to the Retired Reserve, RC members may qualify to purchase medical coverage under TRICARE Retired Reserve (TRR) for themselves, their eligible family members, and qualified survivors. Members of the Retired Reserve and their eligible family members may qualify for TRR coverage until they attain age 60. If the Retired Reserve member becomes deceased before age 60 and the member was covered by TRR on the date of death, surviving family members remain eligible for TRR until the date the member would have attained age 60. Members do not qualify for TRR if they are eligible for, or enrolled in, FEHB. Retired members may also qualify to purchase premium-based dental coverage for themselves and their eligible family members under the TRICARE Retiree Dental Program (TRDP). Covered members and family members may access care from any network dentist or from any other licensed, authorized dentist.

The various health care plans and programs available to RC members and their families during the life cycles of their service are described in detail in informational products (print and web-based) produced for use by RC members. Please see the informational item provided in the Addendum entitled "TRICARE® Choices for National Guard and Reserve" for tables supported by narrative that further detail the steps the DoD is taking to provide health care services to our RCs. That item and many others are widely available in print and for download from the TRICARE website (www.tricare.mil). Also, visitors to the TRICARE website who select answers to the three multiple-choice questions on the homepage are presented with information

customized for their particular situation; half of the choices offered in the drop-down list to the first question pertain to RC members and their families.

Efforts to Improve Accessing Care in Remote Areas

TRICARE Management Activity (TMA) has put forth significant efforts towards enhancing care received by TRICARE beneficiaries in locations geographically separated from MTFs. TRICARE Standard and Extra are the most utilized health plans by family members in remote areas. The United States is organized into three TRICARE regions; the North, South and West, each led by a TRICARE Regional Office (TRO). Each TRO is charged with oversight of the Managed Care Support Contractor (MCSC) performance in its respective region. Among the staff at each TRO is a full-time, dedicated staff member whose function is to focus solely on the TRICARE Standard program to increase the likelihood that beneficiaries in remote areas will be able to find providers who accept TRICARE. The MCSCs assist with educating civilian providers (both network and non-network) about TRICARE program requirements, policies, and procedures. Both TROs and contractors also conduct outreach to increase civilian providers' awareness of these programs. For example, they use the results of the TRICARE Standard Provider and Beneficiary surveys to identify specific areas where acceptance of TRICARE beneficiaries or satisfaction with TRICARE is noted to be low. Then they can focus their outreach activities to providers in those identified areas.

TMA has implemented locality-based waivers to adjust reimbursement rates in the few areas where TMA has determined that the usual TRICARE Maximum Allowable Charges (TMAC) are insufficient to assure TRICARE beneficiaries' access to civilian providers. In some particular localities there may be a scarcity of providers with certain specialties. In such instances, TMA is limited in its ability to resolve the issue favorably because such provider shortages are a local phenomenon that is common to all residents in a locality and are not specific to the TRICARE program.

Informational Activities

The following actions help inform RC members and their families about Military Health System services and how to access them.

- RCs capitalize on their opportunities for direct contact with RC members through the chain of command to ensure members and their families have sufficient information to make informed decisions about purchasing coverage and obtaining care.

- The Military Health System supports the RCs by providing training opportunities to the RC personnel community.

- The Military Health System supports the RCs by producing informational materials for RC members and their families (print, website, press releases, social media, etc.).

- TRICARE regional contractors also provide information and customer support related to purchasing and using TRICARE health plans.
- Local MTFs provide information on space-available health services and their pharmacies.

Addendum

"TRICARE® Choices for National Guard and Reserve"

TRICARE® Choices for National Guard and Reserve

TRICARE® Choices for National Guard and Reserve

*This brochure is **not** all-inclusive. For additional information, please contact your regional contractor or local military treatment facility.*

TRICARE Coverage throughout Your National Guard and Reserve Career

While activated for a period of more than 30 consecutive days, National Guard and Reserve members* are covered as active duty service members (ADSMs), and their families are covered as active duty family members (ADFMs).

Non-activated members of the Selected Reserve of the Ready Reserve may qualify to purchase two voluntary, premium-based plans for themselves and their family members: TRICARE Reserve Select (TRS) for medical coverage and the TRICARE Dental Program (TDP) for dental coverage. Non-activated members of the Individual Ready Reserve may also qualify to purchase voluntary, premium-based dental coverage under TDP for themselves and their family members.

Members of the Retired Reserve may qualify to purchase TRICARE Retired Reserve (TRR) for medical coverage and the TRICARE Retiree Dental Program (TRDP) for dental coverage for themselves and their family members.

More information on qualifying for and purchasing TRS and TRR can be found in the *TRICARE Reserve Select and TRICARE Retired Reserve* section of this brochure.

* *Army National Guard, Army Reserve, Navy Reserve, Air National Guard, Air Force Reserve, Marine Corps Reserve, or U.S. Coast Guard Reserve*

Eligibility

The sponsor and his or her family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) before DEERS can show them eligible for TRICARE. The sponsor must register family members by visiting a uniformed services identification card-issuing facility. Visit **www.dmdc.osd.mil/rsl** to locate a facility near you. Visit **http://milconnect.dmdc.mil** for more information and to update your record.

TRS, TDP, TRR, and TRDP are available for purchase by qualified sponsors. Selected Reserve members and Retired Reserve members do **not** qualify to purchase TRS or TRR if they are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) program.

Medical and Dental Benefits

Your coverage will vary depending on your uniformed service status: not activated, activated, deactivated, or retired. Refer to the tables on the following pages to learn about the TRICARE coverage options available to you and your family during each phase of your service.

Please make copy for my file

TRICARE®

Coverage Options by Sponsor Status

Not Activated

Includes members on inactive duty for training, annual training, and otherwise on active duty orders for 30 days or less.

Potential Coverage	Sponsor Coverage	Family Coverage
Line of Duty (LOD) Care	LOD care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty.	LOD care is not available for family members.
TRICARE Reserve Select (TRS)	Qualified members may purchase TRS member-only or TRS member-and-family coverage.	Eligible family members may be included in TRS member-and-family coverage.
TRICARE Dental Program (TDP)	Eligible sponsors may purchase TDP sponsor coverage, which is separate from TDP family coverage.	Sponsors may purchase TDP family coverage, which is separate from sponsor coverage, for eligible family members.

Activated

Includes members with active duty orders issued for more than 30 consecutive days.

Potential Coverage	Sponsor Coverage	Family Coverage
Pre-Activation Benefit *(early eligibility)*[1]	• Service members may be eligible for active duty health and dental benefits up to 180 days before active duty in support of a named contingency operation begins, as shown in DEERS. (*The personnel office will provide notification of eligibility.*) • Purchased TRICARE Reserve Select (TRS) coverage automatically ends. • Sponsors who reside within 50 miles or about one hour from a military treatment facility (MTF) may enroll in TRICARE Prime at the MTF only. • Sponsors who do not reside within 50 miles of an MTF should not enroll in a TRICARE Prime option until arrival at their final duty stations.	• Eligible family members are automatically covered under TRICARE Standard and TRICARE Extra when the sponsor's eligibility is shown in DEERS. • Purchased TRS coverage automatically ends. • Family members may choose to enroll in an available TRICARE Prime option (*TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Overseas Program [TOP] Prime, TOP Prime Remote, US Family Health Plan*).
Medical Coverage *(during active duty)*	• The member should not enroll or reenroll in a TRICARE Prime program while en route to the final duty station. • Upon arrival, the member should follow the active command's guidance regarding TRICARE Prime enrollment, which could include enrollment in TRICARE Prime Remote if applicable.	• Family members are automatically covered under TRICARE Standard and TRICARE Extra unless already enrolled in TRICARE Prime during the early-eligibility period. • Family members may choose to enroll in an available TRICARE Prime option.
Dental Coverage	• If enrolled, TRICARE Dental Program (TDP) coverage automatically ends. • Most dental care is provided through military dental treatment facilities at duty stations unless otherwise directed.	• If already enrolled, TDP coverage continues at the reduced premium rate. • New TDP coverage is available for purchase by eligible family members at the reduced premium rate.

1. Early eligibility applies when the sponsor receives federal delayed-effective-date active duty orders for more than 30 consecutive days in support of a named contingency operation. The sponsor and family members are eligible for TRICARE on the date the order was issued or 180 days before reporting to active duty, whichever is later. The service personnel office will provide notification of eligibility.

Deactivated

Released from a period of activation.

Potential Coverage	Sponsor Coverage	Family Coverage
Transitional Assistance Management Program (TAMP)[1]	• TAMP provides 180 days of transitional TRICARE coverage for eligible sponsors. • Eligible sponsors may enroll (*or reenroll*) in TRICARE Prime or TRICARE Overseas Program (TOP) Prime, if available, or use TRICARE Standard and TRICARE Extra. (*TRICARE Prime Remote [TPR] and TOP Prime Remote are* ***not*** *available during TAMP.*) • Sponsors are covered under the Active Duty Dental Program during TAMP, and may qualify to resume or purchase TRICARE Dental Program (TDP) at end of TAMP.	• TAMP provides 180 days of transitional TRICARE coverage for eligible family members. • Family members are automatically covered under TRICARE Standard and TRICARE Extra and may choose to enroll (*or reenroll*) in TRICARE Prime, if available. (*TPR and TOP Prime Remote are not available during the TAMP period.*) • May qualify to resume or purchase TDP at the full premium rate.
TRICARE Reserve Select (TRS)	• Qualified sponsors may purchase TRS to begin after active duty benefits or TAMP coverage ends, whichever is later. • To receive continuous coverage, TRS coverage must be purchased within 30 days of the last day of TRICARE coverage (*e.g., active duty benefits, TAMP*).	• Eligible family members may be included in TRS member-and-family coverage. • Family members may only receive TRS coverage through their sponsors.
Continued Health Care Benefit Program (CHCBP)	• CHCBP provides up to 18 months of premium-based health coverage. • Eligible sponsors may purchase CHCBP within 60 days of the end of TRICARE eligibility or TAMP coverage, whichever is later. • If Selected Reserve status ends, sponsors who had TRS coverage must enroll in CHCBP within 30 days of the end of TRS coverage.	• Qualifying dependent spouses, dependent children, unremarried former spouses, and unremarried surviving spouses may be eligible for CHCBP coverage for up to 36 months. • Certain unremarried former spouses may qualify for CHCBP coverage beyond 36 months.
TRICARE Dental Program (TDP)	• Sponsors who are not covered under TAMP and who were enrolled in the TDP before activation will become automatically reenrolled. • Sponsors who are not covered under TAMP and who were not previously enrolled may purchase TDP sponsor coverage, which is separate from TDP family coverage.	• Eligible sponsors may purchase or continue TDP family coverage, which is separate from sponsor coverage. • If previously enrolled, premium will increase to the National Guard and Reserve family-member rate.

1. Activated National Guard and Reserve personnel must be on active duty status for more than 30 consecutive days in support of a contingency operation to qualify for TAMP coverage.

Retired

Potential Coverage	Sponsor Coverage	Family Coverage
TRICARE Retired Reserve (TRR)	• Members of the Retired Reserve may qualify to purchase TRR until reaching age 60.	• Eligible family members may be included in TRR member-and-family coverage purchased by their sponsors. • If a qualified member of the Retired Reserve dies during a period of TRR coverage, the sponsor's immediate family members will be qualified to purchase new or continue existing TRR coverage until the date on which the deceased member of the Retired Reserve would have turned 60.
TRICARE Retiree Dental Program (TRDP)	• Eligible sponsors may purchase coverage under the TRDP.	• Eligible family members may purchase coverage under the TRDP. • Former spouses and remarried surviving spouses are not eligible to purchase coverage.

TRICARE Reserve Select and TRICARE Retired Reserve

This section explains how to qualify for and purchase TRS or TRR coverage and summarizes the programs' health care benefits and costs. TRS and TRR offer qualified members and survivors:

- Comprehensive health coverage similar to TRICARE Standard and TRICARE Extra (*in the United States*) or the TRICARE Overseas Program (TOP) Standard (*overseas*)
- Two types of coverage: member-only and member-and-family
- Care from any TRICARE-authorized (*in the United States*) or host nation (*overseas*) provider without a referral, unless local TOP restrictions require seeing only certified providers.
- Access to care at military treatment facilities (MTFs) on a space-available basis (*TRS members and their families have the same MTF appointment priority as ADFMs not enrolled in TRICARE Prime. TRR members and their families have the same MTF appointment priority as retirees and retiree family members not enrolled in TRICARE Prime.*)

Step 1: Qualify

Selected Reserve members may qualify to purchase **TRS** coverage if they are:

- Members of the Selected Reserve of the Ready Reserve
- **Not** eligible for or enrolled in the FEHB program

Retired Reserve members may qualify to purchase **TRR** coverage if they are:

- Members of the Retired Reserve of a Reserve component who are qualified for non-regular retirement
- Under age 60
- **Not** eligible for or enrolled in the FEHB program

Survivors of Selected Reserve or Retired Reserve members may qualify to purchase TRS or TRR coverage if all of the following applies:

- Their deceased sponsor was covered by TRS or TRR on the date he or she passed away
- They currently are immediate family members of the deceased sponsor (*spouses cannot have remarried*)

Survivors of TRS or TRR members should note:

- As a survivor, you qualify to purchase the plan (*TRS or TRR*) your sponsor was enrolled in at the time of his or her passing.
- Survivors of TRS members may receive coverage for up to six months from the date of the sponsor's passing.
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.

To qualify for TRS or TRR:

- Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at **www.dmdc.osd.mil/appj/reservetricare**.
  - To use the Web site, you will need a Department of Defense (DoD) Common Access Card, myPay Login ID, or a DoD Self-Service Logon (DS Logon).
  - For more information on signing up for a DS Logon, visit **www.dmdc.osd.mil/identitymanagement**.
- Select "Purchase Coverage" and follow the instructions.
  - If you certify that you are eligible for or enrolled in FEHB, you do not qualify for and cannot purchase TRS or TRR.
  - If you certify that you are not eligible for or enrolled in FEHB, you will be guided through the process of selecting a start date and electing which family members you want covered.
- Print and sign the completed *Reserve Component Health Coverage Request* form (DD Form 2896-1).* Members who do not qualify will not be able to complete or print the form.

Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to *Step 2: Purchase*.

* *If you experience a technical problem, contact the DMDC Support Center at* ***1-800-477-8227***.

Step 2: Purchase

Mail the completed and signed *DD Form 2896-1* with the premium payment amount printed on the form to your regional contractor (*see the* For Information and Assistance *section of this brochure*) by the applicable deadline.

General Enrollment	You may purchase TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR) coverage to begin in any month of the year. • **Deadline:** Application form must be postmarked or received no later than the last day of the month before coverage is to begin. • **Effective date:** Coverage begins on the first day of the first or second month (*whichever you select on the form*).
Loss of Other TRICARE Coverage	If you lose coverage under another TRICARE option under your sponsor's account and qualify for TRS or TRR, you may purchase TRS or TRR with no break in coverage. • **Deadline:** Application must be postmarked or received no later than 30 days after the loss of other TRICARE coverage. • **Effective date:** Coverage begins on the day after you lose your prior TRICARE coverage.
Change in Family Composition	If the composition of a sponsor's immediate family changes (*e.g., marriage, birth, adoption, death*), you may request changes to your TRS or TRR coverage. (*See the* Changes in Coverage *section of this brochure for more details.*) • **Deadline:** Application must be postmarked or received no later than 60 days after date of the change. • **Effective date:** Coverage date coincides with the date of change in the family.
Survivor Coverage (*If you qualify for and want to purchase survivor coverage, see "General Enrollment" above.*)	If **TRS coverage** is in effect when the sponsor passes away, qualified survivors may receive coverage under TRS for six months from the date of the sponsor's passing. If **TRR coverage** is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have turned 60. If TRS or TRR member-and-family coverage is in effect at the time of death: • The Defense Enrollment Eligibility Reporting System (DEERS) will automatically convert member-and-family coverage to survivor coverage. • **Deadline to opt out:** If survivors do not want TRS or TRR survivor coverage, a written letter or a *Reserve Component Health Coverage Request* form (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor's passing. Premiums will be refunded if no claims were submitted during this 60-day period. If TRS or TRR member-only coverage is in effect at the time of death: • Eligible survivors may qualify to purchase TRS or TRR survivor coverage. • Purchased TRS survivor coverage may continue for six months from the date of the sponsor's passing, while purchased TRR survivor coverage may continue until the date the sponsor would have turned 60. • **Deadline to purchase coverage:** The TRS survivor coverage request must be postmarked or received no later than 60 days after the date of the sponsor's passing. TRR survivors may purchase coverage at any time after the sponsor's death, provided the sponsor would not have turned 60 at the time of purchase. **Note:** Surviving family members who are eligible for or enrolled in the Federal Employees Health Benefits program may purchase TRS or TRR.

Covered Services

TRS coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for ADFMs, and TRR coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for retirees. After you purchase TRS or TRR, you will receive a program handbook with details about covered services, getting care, and who to contact when you need assistance. For additional information, visit **www.tricare.mil**.

Costs and Fees

Monthly Premiums

Premiums are adjusted annually, effective January 1. See **www.tricare.mil/costs** for the most current cost information. On your application, you can elect to use your credit card to make either the initial premium payment only or the initial payment and automatic monthly payments. You can also ask your regional contractor at any time how to start paying your

premium electronically. Payments are due no later than the last day of each month and are applied to the following month's coverage. **Do not miss payment due dates—failure to pay total amounts due will result in coverage termination and a 12-month purchase lockout.** Your termination date will date back to your previous paid-through date.

Annual Outpatient Deductible

You must meet the outpatient deductible each fiscal year (FY) (*October 1–September 30*) before TRICARE outpatient cost-sharing begins.

Member Type	Member-Only Coverage	Member-and-Family Coverage
TRS Member Pay Grade E-4 and Below	$50	$100
TRS Member Pay Grade E-5 and Above or TRR Member	$150	$300

Outpatient Costs

This table lists the amounts you will pay for outpatient services after your annual deductible is met.

Provider Type	TRS Outpatient Cost-Share	TRR Outpatient Cost-Share
TRICARE Network	15% of the negotiated rate	20% of the negotiated rate
TRICARE-Authorized, Non-Network	20% of the TRICARE-allowable charge, **plus** fees up to 15% above the TRICARE-allowable charge	25% of the TRICARE-allowable charge, **plus** fees up to 15% above the TRICARE-allowable charge

Overseas

Overseas providers and beneficiaries are reimbursed for billed charges, and reimbursement is based on TRICARE-allowable charges. Authorized providers overseas may bill above the TRICARE-allowable charge, and you may be responsible for any difference between the TRICARE-allowable charge and the billed amount, unless you see a participating provider. Participating providers agree to accept the TRICARE-allowable charge, and any cost-share or deductible amounts for which you are responsible, as payment in full. TRICARE nonparticipating non-network providers may charge up to 115 percent of the TRICARE-allowable amount in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). However, there is no limit to the amount that nonparticipating non-network providers may bill in overseas locations, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit **www.tricare-overseas.com** for more information.

Note: If you live in the Philippines, you are required to visit certified health care and pharmacy providers. In other locations, check to see if restrictions on certified providers apply. For more information, visit **www.tricare.mil/pacific** or call your TOP Regional Call Center.

Catastrophic Cap

The TRS catastrophic cap is $1,000 and the TRR catastrophic cap is $3,000. The catastrophic cap is the maximum amount you will pay for health care each FY, except as noted. The cap applies to all TRICARE-covered services—annual deductibles, outpatient and inpatient cost-shares, and pharmacy copayments based on TRICARE-allowable charges. Monthly premiums, payments above the TRICARE-allowable charge, and payments for non-covered services are **not** credited toward the catastrophic cap.

Changes in Coverage

Changes in Family Composition

When you experience a family change (*e.g., marriage, birth, adoption, death*), you may request changes to your TRS or TRR coverage.

- You must always report all family changes in DEERS. For more information, visit **www.tricare.mil/deers**.
- To add a DEERS-registered family member to TRS or TRR coverage, follow instructions listed in *Step 2: Purchase*.
- To remove a family member from coverage, follow the procedure for "Elect to End Coverage."

Termination of Coverage

Elect to End Coverage

You may choose to end coverage at any time, effective at the end of the month. You may end either the entire plan or coverage for an individual family member. **Do not simply stop making payments.** You must take the following action to end your coverage:

- Visit **www.dmdc.osd.mil/appj/reservetricare** to log on to the DMDC Reserve Component Purchased TRICARE Application (*as described in the* Step 1: Qualify *section*), and follow the instructions to "Disenroll."
- Print, sign, and mail your completed *DD Form 2896-1* to your regional contractor. The effective end date is either the last day of the month in which the request was postmarked or received, or the last day of a specified future month.

A 12-month purchase lockout will go into effect if you choose to end coverage. That means you cannot have TRS or TRR coverage in effect for one year.

Nonpayment

Your premium payment is due no later than the last day of the month for the next month's coverage. Failure to pay total premium amounts due will result in a termination of coverage due to nonpayment. A 12-month purchase lockout will go into effect.

Change in Status

If you are ever recalled to active duty service for more than 30 consecutive days, you and your family become eligible for non-premium TRICARE plans. At that time, your TRS or TRR coverage automatically ends and unused premiums already paid will be refunded. The 12-month purchase lockout does not apply.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 30 days after the other TRICARE coverage ends. See the *Step 1: Qualify* and *Step 2: Purchase* sections for instructions.

Note to TRS members: Your TRS coverage will also automatically end if you leave the Selected Reserve. You may purchase TRS coverage again if you requalify, and a purchase lockout will not apply.

Change in FEHB Eligibility or Enrollment

You must take action to disenroll from TRS or TRR if you become eligible for or enrolled in the FEHB program. See "Elect to End Coverage" for more information on how to disenroll. No purchase lockout will go into effect.

If you fail to end coverage as required, your Reserve component may terminate your coverage, and you will be responsible for any health care costs after the effective date of termination.

TRICARE Young Adult

TRICARE Young Adult (TYA) coverage is available for purchase by young adult dependents who qualify if they are **all** of the following:

- A dependent of a uniformed service sponsor who is covered by TRICARE
- Unmarried
- At least age 21 (*or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50 percent of the financial support*), but have not yet reached age 26

Dependents do **not** qualify to purchase TYA coverage if they are:

- Eligible to enroll in an employer-sponsored health plan as defined in TYA regulations
- Otherwise eligible for TRICARE coverage
- Married

Young adults do not need to be financially dependent on their sponsor to qualify to purchase TYA coverage.

TYA offers TRICARE Prime and TRICARE Standard coverage. A parent who is a member of the Selected Reserve of the Ready Reserve or of the Retired Reserve may be a TYA sponsor if he or she is either eligible for premium-free TRICARE (*early eligibility, active duty for more than 30 consecutive days, or in TAMP*) or covered by a premium-based TRICARE program (*TRS or TRR*). Qualified adult children of TRS or TRR sponsors may only purchase TYA Standard. TYA members pay the same TRICARE Standard and TRICARE Extra cost-shares and deductibles as their sponsoring parent.

Sponsors who are activated for a period of more than 30 consecutive days are covered as ADSMs. Their dependents may qualify to purchase TYA Prime coverage. To purchase coverage under TRICARE Prime, TRICARE Prime Remote, TOP Prime, or TOP Prime Remote through TYA, qualified dependents must live in an area where the programs are available and must meet all other eligibility criteria (*including command sponsorship overseas*).

TYA coverage includes TRICARE medical and pharmacy benefits, but not dental.

For Information and Assistance

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www hnfs com	**TRICARE South Region** Humana Military Healthcare Services, Inc 1-800-444-5445 www humana-military com	**TRICARE West Region** TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www triwest com www.triwest com/NGR
TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1] +44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos com	**TOP Regional Call Center—Latin America and Canada**[1] +1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com	**TOP Regional Call Centers—Pacific**[1] Singapore: +65-6339-2676 (*overseas*) 1-877-678-1208 (*stateside*) sin tricare@internationalsos com Sydney: +61-2-9273-2710 (*overseas*) 1-877-678-1209 (*stateside*) sydtricare@internationalsos com
TRICARE Reserve Select www tricare mil/trs **TRICARE Retired Reserve** www.tricare.mil/trr	**DMDC Reserve Component Purchased TRICARE Application** www dmdc.osd.mil/appj/reservetricare **My Access Center** (*obtain a DS Logon account*) www.dmdc osd.mil/identitymanagement	**milConnect Web Site—Update DEERS Information** http //milconnect.dmdc mil
TRICARE Young Adult www.tricare.mil/tya	**TRICARE Dental Program** 1-855-MET-TDP1 (1-855-638-8371) (*stateside*) 1-855-MET-TDP2 (1-855-638-8372) (*overseas*) 1-855-MET-TDP3 (1-855-638-8373) (*TDD/TTY*) https://mybenefits metlife.com/tricare	**TRICARE Retiree Dental Program** 1-888-838-8737 (*stateside*) AT&T USADirect® Access Number plus +866-721-8737 (*overseas*) www trdp org
TRICARE Pharmacy Program 1-877-363-1303 www.tricare.mil/pharmacy www express-scripts.com/TRICARE	**Transitional Assistance Management Program** www tricare.mil/tamp	**Continued Health Care Benefit Program** Humana Military Healthcare Services, Inc. 1-800-444-5445 www tricare mil/chcbp
US Family Health Plan 1-800-74-USFHP (1-800-748-7347) www tricare mil/usfhp	**U.S. Department of Veterans Affairs (VA)** www.va gov	**eBenefits—VA Benefits Information** www.ebenefits.va.gov

1. For toll-free contact information, visit ***www.tricare-overseas.com.***

An Important Note about TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. ***Military treatment facility guidelines and policies may be different than those outlined in this product.*** *For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.*

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